

LODGING VENDOR'S LICENSE APPLICATION

1. TYPE OF BUSINESS_____
2. NAME OF BUSINESS_____
3. NAME & ADDRESS OF OWNER OF BUSINESS_____

4. NAME & ADDRESS OF OPERATOR OF BUSINESS_____

5. TELEPHONE NUMBER_____
6. PHYSICAL ADDRESS OF RENTAL_____
7. TOTAL NUMBER OF AVAILABLE LODGING ACCOMMODATIONS(i.e.rooms, RV spaces, Campsites)_____
8. NUMBER OF ACCOMMODATIONS WHICH RENT FOR LESS THAN \$2.00 PER DAY_____
9. NUMBER OF ACCOMMODATIONS PERMANENTLY LEASED FOR PERIODS IN EXCESS OF 30 DAYS_____
10. ACCOMMODATION RATE (Please state each rate for which you rent accommodations and the number of accommodations which rent for each rate.)_____

SIGNATURE OF APPLICANT_____

DATE OF APPLICATION_____

APPLICATION APPROVED_____

PLANNING DEPARTMENT

DATE OF APPROVAL_____

(Return completed application to: **County of Lincoln**
Planning Department
109 Kansas City Road
Ruidoso, NM 88345